

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000087711
 1. Entity Name
 DIVA NAILS AND SKIN CARE, INC.



Principal Place of Business: 18964 SOUTH DIXIE HIGHWAY, MIAMI, FL 33157
 Mailing Address: 18964 SOUTH DIXIE HIGHWAY, MIAMI, FL 33157

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08162005 No Chg-P CR2E034 (10/03)

4. FEI Number: 01-0667704 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BRICENO, MARIA E
 10020 SW 145 PL
 MIAMI, FL 33186

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: 08/25/05-80002-017 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRICENO, MARIA
STREET ADDRESS	10020 S.W. 145 PL
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ma Esther Briceno 8/19/05 305-238-7490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #